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SENATE BILL 6595

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State of Washington                      59th Legislature                      2006 Regular Session

By Senators Franklin, Esser, Keiser, Fairley, Kastama, Weinstein,  
Thibaudeau, Benton, Kline, Pridemore, Prentice, Kohl-Welles,  
Rasmussen and McAuliffe

Read first time 01/16/2006.                      Referred to Committee on Labor,  
Commerce, Research & Development.

1            AN ACT Relating to reducing injuries among patients and health care  
2 workers; adding a new section to chapter 49.17 RCW; and providing an  
3 effective date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5            NEW SECTION.    **Sec. 1.** A new section is added to chapter 49.17 RCW  
6 to read as follows:

7            (1) The legislature finds that:

8            (a) Patients are not at optimum levels of safety while being  
9 lifted, transferred, or repositioned manually. Mechanical lift  
10 programs can reduce skin tears suffered by patients by threefold.  
11 Nurses, thirty-eight percent of whom have previous back injuries, can  
12 drop patients if their pain thresholds are triggered.

13            (b) Health care workers lead the nation in work-related  
14 musculoskeletal disorders. In 1999, the bureau of labor statistics  
15 identified "health care patient" as the source of fifty-nine thousand  
16 such injuries.

17            (c) According to the bureau of labor statistics, hospitals in  
18 Washington have a nonfatal employee injury incidence rate that exceeds

1 the rate of construction, agriculture, manufacturing, and  
2 transportation.

3 (d) The physical demands of the nursing profession lead many nurses  
4 to leave the profession. Research shows that the annual prevalence  
5 rate for nursing back injury is over forty percent and many nurses who  
6 suffer a back injury do not return to nursing. Considering the present  
7 nursing shortage in Washington, measures must be taken to protect  
8 nurses from disabling injury.

9 (e) Between 1993 and 2001, self-insured hospitals have led the  
10 state in compensable lost-time back injury claims and compensable lost-  
11 time back, neck, and upper extremity claims with four thousand three  
12 hundred fourteen and nine thousand seven hundred fifty-four,  
13 respectively.

14 (2) The definitions in this subsection apply throughout this  
15 section unless the context clearly requires otherwise.

16 (a) "Hospital" means hospitals as defined in chapter 70.41 RCW and  
17 state hospitals as defined in RCW 72.23.010.

18 (b) "Lift team" means hospital employees specially trained to  
19 conduct patient lifts, transfers, and repositioning.

20 (c) "No manual lift policy" means hospital protocols to replace the  
21 manual lifting, transferring, and repositioning of patients identified  
22 by the process established in subsection (4)(c) of this section with  
23 lift teams or mechanical lifting devices, engineering controls, and  
24 equipment to accomplish these tasks.

25 (d) "Safe patient handling" means the use of engineering controls,  
26 transfer aids, or assistive devices instead of manual lifting to  
27 perform the acts of lifting, transferring, and repositioning health  
28 care patients and residents.

29 (e) "Musculoskeletal disorders" means conditions that involve the  
30 nerves, tendons, muscles, and supporting structures of the body.

31 (3) Each hospital must establish a safe patient handling committee.  
32 At least half of the members of the safe patient handling committee  
33 shall be employees involved in patient care handling activities.

34 (4) Each hospital must establish a written patient care activities  
35 program that addresses patient handling with input from the safe  
36 patient handling committee to prevent musculoskeletal disorders among  
37 health care workers and injuries to patients. As part of this program,  
38 a hospital must:

1 (a) Implement a no manual lift policy for all shifts and units of  
2 the hospital;

3 (b) Conduct a patient handling hazard assessment. This assessment  
4 should consider such variables as patient-handling tasks, types of  
5 nursing units, patient populations, and the physical environment of  
6 patient care areas;

7 (c) Develop a process to identify patients that require the  
8 appropriate use of the no manual lift policy;

9 (d) Train staff on policies and equipment and devices before  
10 implementation and at least annually or as changes are made to the  
11 patient care activities program or type or make of equipment being  
12 used; and

13 (e) Conduct an annual performance evaluation of the program to  
14 prevent musculoskeletal disorders to determine the program's  
15 effectiveness according to the reduction of musculoskeletal disorder  
16 claims and days of lost work for musculoskeletal disorder purposes and  
17 make recommendations to increase the program's effectiveness.

18 (5) Nothing in this section precludes lift team members from  
19 performing other duties as assigned during their shift.

20 (6) A hospital employee who refuses a patient care activity due to  
21 concerns about either employee or patient safety or the lack of trained  
22 lift team personnel or equipment may not, based upon the refusal, be  
23 the subject of disciplinary action by the hospital or hospital managers  
24 or employees.

25 NEW SECTION. **Sec. 2.** This act takes effect July 1, 2006.

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